Advance payment approved: $0

Travel Insurance Required (Prepaid Fare) Yes

No. of Dinners 3

Lunches 3

Breakfasts 3

Indicate below meals covered by registration fees:

Food $99.46

Registration $0.00

Other $697.50

Total $796.96

Air Coach Fare $301.96

Limosine $301.96

Estimate of Trip Expenses

Indicate one-Way/Mileage if traveling by Auto

Method of Travel: Air □ Bus □ Private Auto □ City Car □

Proposed Itinerary

Endorse a copy of this form as made available with request.

Convention/Meeting: 1999 Annual Meeting of the American Taxation Association

Date: 7/1/99

Name: Sid R. Jones

Title: Treasurer

Office Telephone: 314-622-3434

TRAVEL REQUEST (Review Travel Regulations)

Announcement Time: 6p Am

Depart/Section: New York

Debit/Flight: Nice

Destination: City □ New York

State NY

Day/Date: 2/3/99

Air □ Rail □ Bus □ Private Auto □ City Car □

Day/Date: 2/3/199

Annual Time: 750 Am

Departure Time: 955 Am

Day/Date: 1/30/99

Annual Time: 1055 Am

Departure Time: 835 Am

Day/Date: 3/1/99

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/2/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/3/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/4/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/5/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/6/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/7/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/8/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/9/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/10/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/11/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/12/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/13/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/14/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/15/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/16/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/17/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/18/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 3/19/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 3/20/199

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Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 4/16/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 4/17/199

Annual Time: 750 Am

Departure Time: 455 Am

Day/Date: 4/18/199

Annual Time: 1035 Am

Departure Time: 835 Am

Day/Date: 4/19/199
REQUEST FOR REIMBURSEMENT OF TRAVELING EXPENSES
(Note the Travel Regulations on Reverse Side)

Name: Tishaura O. Jones
Phone: 314-622-3434
Dept: Parking
No: 343

Trip To: New York, NY
Method of Travel: Air

Purpose: YEO Women's Conference - Speaking Engagement

Prior Approval By: ______________________________

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Leave St. Louis: STL
Arrive: LGA
Convention/Meeting Commencement: 6, 00 AM
Convention/Meeting Adjournment: 3, 00 AM
Leave: LGA
Arrive St. Louis: STL

Enter Expenses in Appropriate Date Column, Indicate "A" for Meals Served by Airline, "R" for Meals Provided by Registration

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REMARKS:

Air, travel and meals covered by People for the American Way
Less Advance

Other expenses paid for by Treasurer Jones
Less Registration
Less Prepaid Fare 2,200.48
Amount Due 0.00

Charge to Account No. ________________________

I certify that the above is a true and accurate accounting of my expenses.

(Signature) ___________________________ (Date) 7/1/19

(Department Head) ______________________ (Date) 7/1/19

APPROVED:

(Signature) ___________________________ (Date) 7/1/19

(Deputy Comptroller-Federal Grants) ______________________ (Date) 7/1/19

(Comptroller) ______________________ (Date) 7/1/19

COMP-34 (Rev. 10/15 ML)